



City of Santa Fe

SANTA FE TRAILS

TRANSIT DEPARTMENT Driver Vehicle Condition Report

Date: _____ Vehicle #: _____

MARK TROUBLED AREAS		1st Driver	2nd Driver	3rd Driver
<input checked="" type="checkbox"/>	No Problem			
<input checked="" type="checkbox"/>	Problem Area			

EXTERIOR	Fluid Leaks			
	Oil Level			
	Belts (Alternator/P. Steering)			
	Battery Compartment			
	Mirrors <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Int			
	Tires/Lug Nuts/Rims 4/32 front, 2/32 rear			
	Head Tail Lights <input type="checkbox"/> RF <input type="checkbox"/> RR <input type="checkbox"/> LF <input type="checkbox"/> LR			
	Clearance Lights <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> B			
	Turn Signals/Flashers <input type="checkbox"/> RF <input type="checkbox"/> RR <input type="checkbox"/> LF <input type="checkbox"/> LR			
	Body Damage Use Diagram			
	Bike Rack			
	Windows Use Diagram			
	Head Signs <input type="checkbox"/> F <input type="checkbox"/> S			
Dedicated Lift/Rear Door				
Exhaust Leaks				

INTERIOR	All Gauges/Dashlights/Horn			
	Wipers & Washers			
	Fans			
	Mirrors			
	Steering Operations (2 Inches play)			
	Door Operation			
	Heater/AC			
	Kneeling Device			
	Backup Alarm			
	2 Way Radio/P.A.			
	Driver Seat/Belt			
	Interior Lights			
	Windows/Passenger Seats/Floor			
	Fire Ext/Fire Sup., 1st Aid Kit, Certs.			
	Reflectors (3 Triangles)			
	W. Chair Lift/Tie Downs (4)			
	Stop Request			
Roof Hatch				
GFI				
Cleanliness				

BRAKES	Air Brakes:						
	Cut in	psi,	psi,	psi (approx. 100 psi)			
	Cut out	psi,	psi,	psi (approx. 125 psi)			
	Static Press	psi,	psi,	psi (2 psi in 60 sec.)			
	Dynamic Press	psi,	psi,	psi (3 psi in 60 sec.)			
	Low Press Warning	psi,	psi,	psi, (<60 psi)			
	Auto pop out (pkg brake)	psi,	psi,	psi, (20-40 psi)			
	Parking Brake Test						
	Door Interlock Test						
	Service Brake Test (5 mph stop)						

1st

2nd

3rd

Print Name _____

Route No. _____

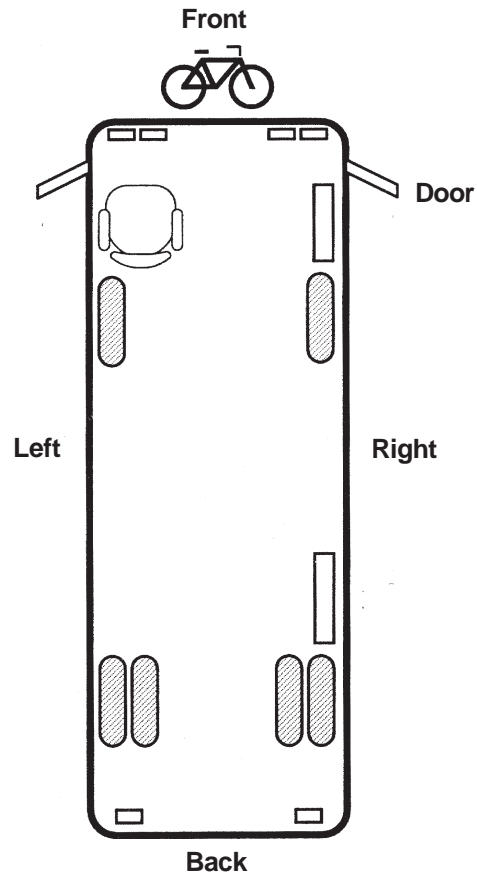
Beg. Fuel _____

End Fuel _____

Beg. Mileage _____

End Mileage _____

INDICATE AREA OF DAMAGE



OUT OF THE YARD "ON TIME" EVERY TIME

Details on above defects (please print):

Defects other than above (please print):

Mechanic's Signature

Date